Labor Organization Officer and Employee Report

U.S. Department

Labor

Employment Standards Administration Office of Labor-Management Standards

	s report is mandatory under P.L. 86-257, as amended. Failt minal prosecution, fines and civil penalties as provided by		Form approved - OMB No. 1215-0188 Expires 11/30/2002	
1. Name and address of person filing MARIANNA D. BUTLER 1024 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117		SEIU- LOCAL 1 1024 ELYSIAN	2. Name and address of labor organization SEIU- LOCAL 100 1024 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	
DA Ent	UGHTER OF CHIEF ORGANIZER 06/3 ter appropriate data below if, during the past fiscal year, y	ou or your spouse or minor child dire	5. File number (if assigned)	
	ests (except as specified in the exclusions set forth in the in Held an interest in, engaged in transactions (including loan employer whose employees your organization represents	s) with, or derived income or other ec	onomic benefit of monetary value from an	
6.	Name of Employer	Address of Employer		
7.	Nature of Interest, Transaction or Income			
В.	Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8.	Name of business	Address of business		
9.	Business deals with- A. Labor Organization B. Trust C.	10. If 9B or 9C is che	cked give trust or employer's name	
11.	Nature and approximate dollar value of such dealings	Епіріоуеі	S DOL FRANCE OF THE PROPERTY O	
12.	. Nature of interest held or income received			
C.	Received from any employer (other than an employer cov	ered under parts A and B above) or f	rom any labor relations consultant to an employer	
13	. Name and address of employer X or consulta	nt 14. Nature of payment		
10	LYSIAN FIELDS CORPORATION 024 ELYSIAN FIELDS AVENUE EW ORLEANS, LA 70117	03/16/01 \$70	O PROP. MGMT REPAIRS & MAINT	
	IF MORE SPACE IS NI	EEDED ATTACH ADDITIONAL	SHEETS	
15	 Signature and verification - The undersigned declares, un the attachments incorporated therein or referred to in this correct and complete. 	nder the applicable penalties of the la report, has been examined by him a	w, that all of the information in this report, including and is, to the best of his knowledge and belief, true,	